

FILED JUN 9 1944 318

1003

Registrar's No.

5078

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution PARK LANE Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 DAYS
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME

EDWARD HENRY SIEVE

3. (b) If veteran,
name war

3. (c) Social Security

No. 498-09-1723

4. Sex MALE 5. Color of WHITE 6. (a) Single, widowed, married, MARRIED
6. (b) Name of husband or wife EDITH 6. (c) Age of husband or wife if
alive 40 years
7. Birth date of deceased AUG 3 1898
(Month) (Day) (Year)

8. AGE: Years 45 Months 9 Days 29
If less than one day
hr. min.

9. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation WOODWORKER

11. Industry or business AMERICAN FIXTURE CO.

12. Name JAMES M. SWEENEY

13. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

14. Maiden name G. R.

15. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Sieve

(b) Address 1543 Hogan

17. (a) BURIAL (b) Date thereof JUNE 3-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director W. J. Lindell

(b) Address 386 N. 1st St.

19. (a) JUN 2 1944 (b) J. F. Braddock
(Date when local registrar signed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1543 Hogan
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1944 hour 10 minute AM

21. I hereby certify that I attended the deceased from May 10, 1944, to June 1, 1944
that I last saw him alive on June 1, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Due to Ruptured appendix

Due to none
Other conditions (Include pregnancy within 3 months of death)

Major findings: Ruptured appendix
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury
23. Signature Gustave J. J. D. or other
Address Humboldt Mo Date signed 6-1-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Licensed Embalmer No. 4142

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.